

## MITCHELL MANOR

5301 WEST LINCOLN AVENUE

WEST ALLIS 53219 Phone: (414) 615-7200

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 74

Total Licensed Bed Capacity (12/31/01): 74

Number of Residents on 12/31/01: 71

## Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

## Corporation

Skilled

Yes

Yes

Yes

71

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis		Age Groups		Less Than 1 Year			
Home Health Care	No								
Supp. Home Care-Personal Care	No								
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		1 - 4 Years			
Day Services	No	Mental Illness (Org./Psy)		65 - 74		More Than 4 Years			
Respite Care	No	Mental Illness (Other)		75 - 84					
Adult Day Care	Yes	Alcohol & Other Drug Abuse		85 - 94					
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over					
Congregate Meals	No	Cancer							
Home Delivered Meals	No	Fractures							
Other Meals	No	Cardiovascular		65 & Over					
Transportation	No	Cerebrovascular							
Referral Service	No	Diabetes		Sex					
Other Services	No	Respiratory							
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male					
Provide Day Programming for Developmentally Disabled	No			Female					

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## Method of Reimbursement

		Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care				
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	2	4.3	133	0	0.0	0	3	13.6	158	0	0.0	0	0	0.0	0	5	7.0
Skilled Care	3	100.0	284	39	84.8	133	0	0.0	0	19	86.4	158	0	0.0	0	0	0.0	0	61	85.9
Intermediate	---	---	---	5	10.9	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		46	100.0		0	0.0		22	100.0		0	0.0		0	0.0		71	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
0.0		Bathing	4.2	71.8	23.9	71
11.9		Dressing	4.2	71.8	23.9	71
6.0		Transferring	28.2	49.3	22.5	71
59.7		Toilet Use	14.1	54.9	31.0	71
1.5		Eating	33.8	45.1	21.1	71
1.5		*****				
19.4		Continence	%	Special Treatments	%	
Total Number of Admissions		Indwelling Or External Catheter	7.0	Receiving Respiratory Care		2.8
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	80.3	Receiving Tracheostomy Care		0.0
Private Home/No Home Health		Occ/Freq. Incontinent of Bowel	62.0	Receiving Suctioning		0.0
0.0				Receiving Ostomy Care		1.4
13.4		Mobility		Receiving Tube Feeding		4.2
3.0		Physically Restrained	11.3	Receiving Mechanically Altered Diets		54.9
6.0				Other Resident Characteristics		
Acute Care Hospitals		Skin Care		Have Advance Directives		100.0
Psych. Hosp. -MR/DD Facilities		With Pressure Sores	7.0	Medications		
Rehabilitation Hospitals		With Rashes	0.0	Receiving Psychoactive Drugs		60.6
0.0						
Other Locations						
22.4						
Deaths						
55.2						
Total Number of Discharges						
(Including Deaths)						
67						

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## Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities &amp; Compared to All Facilities

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	This Facility	Ownership: Peer Group	Ratio	Bed Size: 50-99 Peer Group	Ratio	Licensure: Skilled Peer Group	Ratio	All Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.9	77.1	1.24	86.3	1.11	82.7	1.16	84.6	1.13
Current Residents from In-County	98.6	82.7	1.19	89.4	1.10	85.3	1.16	77.0	1.28
Admissions from In-County, Still Residing	38.8	19.1	2.03	19.7	1.97	21.2	1.83	20.8	1.86
Admissions/Average Daily Census	94.4	173.2	0.54	180.6	0.52	148.4	0.64	128.9	0.73
Discharges/Average Daily Census	94.4	173.8	0.54	184.0	0.51	150.4	0.63	130.0	0.73
Discharges To Private Residence/Average Daily Census	12.7	71.5	0.18	80.3	0.16	58.0	0.22	52.8	0.24
Residents Receiving Skilled Care	93.0	92.8	1.00	95.1	0.98	91.7	1.01	85.3	1.09
Residents Aged 65 and Older	100	86.6	1.15	90.6	1.10	91.6	1.09	87.5	1.14
Title 19 (Medicaid) Funded Residents	64.8	71.1	0.91	51.8	1.25	64.4	1.01	68.7	0.94
Private Pay Funded Residents	31.0	13.9	2.24	32.8	0.95	23.8	1.30	22.0	1.41
Developmentally Disabled Residents	0.0	1.3	0.00	1.3	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	43.7	32.5	1.34	32.1	1.36	32.2	1.36	33.8	1.29
General Medical Service Residents	19.7	20.2	0.97	22.8	0.86	23.2	0.85	19.4	1.02
Impaired ADL (Mean)	54.4	52.6	1.03	50.0	1.09	51.3	1.06	49.3	1.10
Psychological Problems	60.6	48.8	1.24	55.2	1.10	50.5	1.20	51.9	1.17
Nursing Care Required (Mean)	8.8	7.3	1.20	7.8	1.13	7.2	1.22	7.3	1.20